2024- 2025 West Bountiful Youth City Council Application





Name:		_Grade (2024-2025 yr.):		
Address:		_Birthday <u>:</u>	GPA:	
Pers	sonal Phone:E-mai	il:		
Parent's Name:		_Parent's Phone:		
1.	Why do you want to be on the Youth City Council	?		
2.	What after-school activities are you involved in (s			
3.	How many hours per week do you devote to these activities?			
4.	Meetings are typically held the 2 nd & 4 th Thursday of each month at 5pm. Will you be able to attend meetings in accordance with the Youth City Council Bylaws? (s <i>ee attached</i>)			
5.	In addition to meetings, the Youth Council participates in service activities, oftentimes on Saturdays. Are you willing to help with these activities?			
6.	Are you comfortable collaborating in a group, taking part in group planning, and sharing your ideas openly?			
7.	What Youth Council position(s) would you be interested in?			
	Mayor Pro Tem Secretary/Communication	ns Recorder	Treasurer	
	Historian General Membership			
l hav	ve read the Bylaws of the West Bountiful Youth City Coun	cil and commit to abid	e by them.	

Applicant Signature Date	Parent	Date